

CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA

FILED IN CLERK'S OFFICE
D.C. Atlanta

SEP 21 2016

JAMES N. HATTEN, CLERK
BY: *[Signature]* Deputy Clerk

Clarence, Patrick, GDC # 874235

(Enter above the full name and prisoner
identification number of the plaintiff.)

-vs-

1:16-CV-3550

*Georgia Department of Corrections, et al.,
Health Services*

(Enter above the full name of the defendant(s).)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with (1) the same facts involved in this action, or (2) otherwise relating to your imprisonment?

Yes () No (✓)

- B. If your answer to A (1) or (2) is yes, describe each lawsuit in the space below and tell us whether the "old" case involves the same facts or other issues. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____

I. Previous Lawsuits (Cont'd)

4. Name of judge to whom case was assigned: _____
5. Did the previous case involve the same facts?
Yes () No ()
6. Disposition (Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate date of filing lawsuit: _____
8. Approximate date of disposition: _____

II. Exhaustion of Administrative Remedies

- A. Place of Present Confinement: Phillips State Prison
- B. Is there a prisoner grievance procedure in this institution?
Yes (✓) No ()
- C. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
Yes (✓) No ()
- D. If your answer is YES:
1. What steps did you take and what were the results?
I filed a formal Grievance on May 23, 2016, to
which prison officials denied on July 8, 2016.
(See Exhibits A and B Attached hereto)
2. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff(s): Clarence Patrick, GDC# 874235,
Phillips State Prison, 2989 W. Rock Quarry Rd.,
Buford, GA. 30519

III. Parties (Cont'd)

Address(es): Georgia Department of Corrections, et. Al. (Warden Ahmed Holt)

(In item B below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Do the same for each additional defendant, if any.)

B. Defendant(s): Georgia Department of Corrections, et. Al., (Ahmed Holt - Warden)

Employed as Warden

at Phillips State Prison, 2989 W. Rock Quarry Rd. Buford, GA. 30519

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have been continually denied medical care for an ongoing serious medical condition to which is "Hepatitis C". Since being transported to the Georgia Department of Corrections Prison System, I have been continually requesting medical treatment for my condition only to be denied by the medical staff. I have filed numerous grievances in regard to this situation, and counseling staff refused to properly process them in violation of their very own standard operating procedures # IIB05-0001, until May 23, 2016, at which time counseling finally processed a grievance, only to have the warden deny it based upon false and incorrect information from the medical staff. (see attached Exhibits A and B)

Under the Eighth Amendment an inmate is entitled to medical care for "serious medical needs". Chronic conditions like hepatitis are serious medical needs for which deserve medical attention and care. The Eighth Amendment mandates medical care in this case, as I have continually shown three necessary things: 1. I do have a serious medical need; 2. Prison and medical staff has shown "deliberate indifference" to my serious medical need; and 3. This deliberate

IV. Statement of Claim (Cont'd)

indifference CAN And will CAUSE this Medical need to get seriously worse if proper treatment is not given. Estelle V. Gamble, 429 U.S. 97 (1976).

Prison And Medical staff has created "deliberate indifference" in that they in fact know About my serious Medical need, And said officials have failed to respond reasonably to it. Gutierrez V. Peters, 111 F. 3d 1364, 1369 (7th Cir. 1997).

The only treatment Medical staff has perfected is random blood testing And "nothing else". There Are in fact medications Available for this Condition, And I have been continually denied Any And All treatment Available. My Condition is serious, And goes As far As having Scarring on the liver. (Fibrosis)

As discussed, under the Eighth Amendment An inmate is entitled to Medical Care for "serious Medical Needs". Chronic Conditions like hepatitis C Are in fact serious Medical needs to which deserve medical Attention And Care. The failure of Medical staff And prison officials to treat my Condition is only CAusing my Condition to worsen, And this could And lead to other illnesses And possibly death.

V. Relief

State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

1. Actual Damages
2. Punitive Damages
3. Proper Medical treatment that my Condition requires, until such time As A Medical doctor determines otherwise, or An official medical release from incarceration to Allow Plaintiff seek proper treatment himself;
4. The defendants to pay All costs for Any And All treatment this medical Condition requires now And in the future;
5. The defendants to pay All costs incurred As A result of having to file this complaint, to include All filing And legal costs; And
6. Any other And further relief As this Honorable Court may deem just And proper.

V. Relief (Cont'd)

Signed this 19th day of September, 2016

Clarence Patrick
Signature of Plaintiff

STATE OF Georgia
COUNTY (CITY) OF _____

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON 19th September
(Date)

Clarence Patrick
Signature of Plaintiff

CONFIDENTIAL
Offender GRIEVANCE FORM (Facismile)

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME: Clarence Gilbert Patrick OFFENDER NUMBER: 874235INSTITUTION: PHILLIPS STATE PRISON GRIEVANCE NUMBER: _____

DATE COMPLETED FORM RECEIVED FROM OFFENDER ____/____/____ BY _____

DATE COMPLETED APPEAL FORM RECEIVED FROM OFFENDER ____/____/____ BY _____

THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED AND WITNESSES.

DATE & DESCRIPTION OF INCIDENT: I have been continually denied medical care for an ongoing serious medical condition. I have "Hepatitis C". I've been incarcerated since September 19, 2014, and have been continually requesting medical treatment for my condition only to be denied by the medical staff. I have filed numerous grievances in regard to this situation, and counseling staff refuses to properly process them in violation of standard operating procedures # IIB05-0001. I never get a response, and my medical condition continues to go untreated.

Under the Eighth Amendment an inmate is entitled to medical care for "serious medical needs". Chronic conditions like hepatitis are serious medical needs for which deserve medical attention and care.
(see attached sheet)

RESOLUTION

REQUESTED:

To receive the proper medical treatment my medical condition requires.

OFFENDER SIGNATURE: Clarence Gilbert Patrick DATE: 5-23-16

Is this grievance being filed within 10 day time limit? Please answer 0 Yes or 0 No. If the answer is no, please explain why.

Retention Schedule: Upon completion of this form, it will be placed in the Grievance Coordinator's Office.

PI-2001 (Rev. 10/01/98)

RECEIPT FOR GRIEVANCE AT COUNSELOR'S LEVEL

OFFENDER'S NAME: _____ ID# _____

I ACKNOWLEDGE RECEIPT OF GRIEVANCE FORM FROM THE ABOVE OFFENDER.

DATE ____/____/____

COUNSELOR SIGNATURE: _____

Exhibit A

The Eighth Amendment mandates medical care in this case, And I have continually shown three things:

- (a) I do have A serious medical need;
- (b) Prison And medical staff has shown "deliberate indifference" to my serious medical need; And
- (c) This deliberate indifference can And will cause this medical need to get seriously worse if proper treatment is not given.

Estelle V. Gamble, 429 U.S. 97 (1976).

Prison And Medical staff has created "deliberate indifference" in that they in fact know about my serious medical need, And said officials have failed to respond reasonably to it.

Gutierrez V. Peters, 111 F. 3d 1364, 1369 (7th Cir. 1997).

(Attached Sheet)

Clarence Gilbert Tate

Sworn To And Subscribed before
me this 23rd day of May, 2016

Jacqueline Fanning
Notary Public

Jacqueline Fanning
NOTARY PUBLIC
Gwinnett County, GEORGIA
My Commission Expires 01/21/2020

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name: PATRICK, CLARENCE

Grievance Number: 222882

GDC#: 874235

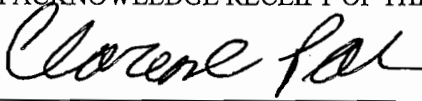
Facility: Phillips State Prison

RESPONSE TO GRIEVANCE: Your medical report reveals that you have been seen by medical staff on twelve (12) separate occasions for medial consults and/or treatment and you were scheduled for a chronic care appointment on 07-13-2016 at Phillips State Prison and did not report for the appointment. Furthermore the SCRIBE system revealed that you have not submitted any other grievances prior to your current grievance. You are being provided medical attention. The grievance that you submitted has been addressed. Your grievance is denied.



Warden/Superintendent7-8-16
(date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:



Offender's signature7-19-16
(date)

You have seven (7) calendar days within which to appeal this Response to your grievance. If the last day is not a business day at your institution, you may file it on the next day that is a business day.

Exhibit B

GRIEVANCE APPEAL FORM

ATTACHMENT 5
SOP IIB05-0001Clarence Patrick
OFFENDER NAME874235
I.D. NUMBER222882
GRIEVANCE NUMBER

I reject the Warden's/Superintendent's response to my grievance. The basis for this appeal is as follows:

The medical treatment Alleged As grounds for denial of the grievance is incorrect. The only treatment Medical staff has perfected is random blood testing And nothing else. There Are in fact medications Available for this condition, And I have been continually denied Any And All treatment Available. My condition is serious, And goes As far As heaving scarring on the liver.

As discussed in my original grievance, under the Eighth Amendment An inmate is entitled to Medical care for "serious Medical needs". Chronic Conditions like hepatitis C Are serious Medical needs to which deserve medical Attention And care. > Furthermore, I do not want to be transferred As A result of filing my grievance, unless it is to Augusta for proper treatment. <

NOTE: The option to appeal a proposed resolution rests with the grievant. All grievances indicating a desire for appeal will be forwarded to the next level. However, to allow a full review of all issues the grievant wishes considered, he or she should state these reasons clearly in the appeal. Statements such as "not satisfied" or "appeal further" will result only in a general review. **If for some reason this appeal is being submitted later than the allotted time frame, please state clearly reasons why if you wish for this appeal to be considered.** This appeal form along with the grievance form must be submitted to your Counselor or Grievance Coordinator.

INMATE'S
SIGNATURE:Clarence Patrick

DATE:

7.19.16

(Reproduced locally)

RECEIPT FOR GRIEVANCE AT COUNSELOR'S LEVEL

INMATE'S NAME: _____

I.D.# _____

I ACKNOWLEDGE RECEIPT OF GRIEVANCE APPEAL NUMBER _____ FROM THE ABOVE INMATE.

DATE: ____/____/____

COUNSELOR'S SIGNATURE: _____

PI-2001 (REV. 10/01/98)

RETENTION SCHEDULE: Upon completion of this form, it will be placed in a file in the Grievance Coordinator's office.